

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033355

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

6075

Registrar's No.

346

STATE FILE NUMBER

VS 300
Rev. 4/59

10940

20720

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94200

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1293-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 10Y; 2M; 10da.	c. CITY OR TOWN Marston Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Unknown (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADAM Middle MARIE Last MORAVEN		4. DATE OF DEATH Month August Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife and teacher.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 74
11a. FATHER'S NAME William Coy		11b. MOTHER'S MAIDEN NAME Adah Moses	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Coy		14. NAME OF HUSBAND OR WIFE Claude Moraven, M.D.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Interval between onset and death 4 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Unknown. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with convulsive disorder and diabetes Mellitus. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 25, 1962 to August 13, 1963 and last saw her alive on August 13, 1963 Death occurred at 9:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jonas S. Tejano M.D.		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 8-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-63	23c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery	23d. LOCATION (City, town, or county) New Madrid, Missouri
24. FUNERAL DIRECTOR Richards Funeral Home, New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. Aug 14, 1963	26. REGISTRAR'S SIGNATURE Ether Redloff

AUG 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul C. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.